

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 476)

Serial No. 340706

Filing Date 9/15/99

Applicant

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	/					
2		/				
3	/					
4		/				
5		/				
6		/				
7		/				
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44		/				
45		/				
46		/				
47	/					
48		/				
49		/				
50		/				
TOTAL NO.	9					
TOTAL OFF.	49					
TOTAL	48					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
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TOTAL NO.						
TOTAL OFF.						
TOTAL						